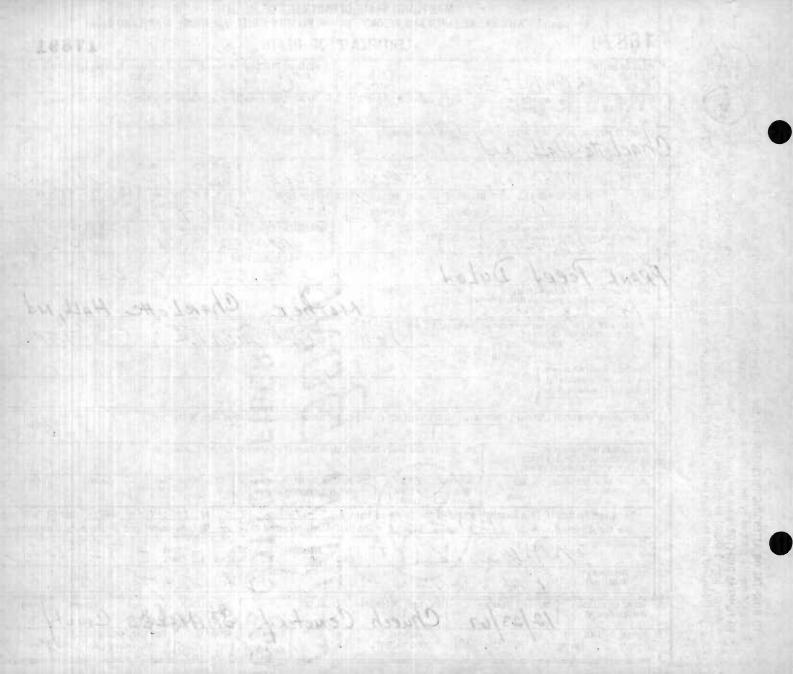
				ND STATE DEPARTMENT OF		
		16868	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BAL	TIMORE, MARYLAND 21201	4 40 00 00
		10000		CERTIFICATE OF DEATH		17884
三日本		CEASED-NAME First	Middle	Lost	20. DATE OF DEATH	2b. HOUR
death.	(1	ype or print) Gilt	pert	CHASE	Dec Month 30°	1967 M
fun fun	3. SE	X	4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
aft the ages aff		Male	Negro	Dec.28,196	7 lost birthday) yRS.	MONTHS OAYS HOURS MIN
by the funeral Bages 1 and 2 nours after death,	7a. l	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
h h h	COUL	Maryland	USA	WIDOWED DIVORCED	CHARLES	Md.
within 24 haurs after by filled in by the fur papers. Pages 1	10. 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR II	NSTITUTION (If nat in hospital 12a. US	UAL OCCUPATION (Kind of work dane	12b. KIND OF BUSINESS OR
e executed within 24 ho and campletely filled in remave carbot gagers.	2	La Plata	Physicians	Mem. Hosp.	nact of working life, even if retired.)	INDUSTRY
d v elete carb	130.	USUAL RESIDENCE (Where deceos	ed lived, if institution: Residence before	13c. CITY OR TOWN 13d. INSIDE CITY	LIMITS? 13e. STREET AND NUMBER	
amp amp	odm	issian) STATE Md.	13b. COUNTY Charles	Bel Alton YES	NO	
and coremany in any	14.	FATHER'S NAME First	Middle Last	1S. MOTHER'S MAIDEN NAME	First Middle	Last
be re re		Joseph	Chas		or	Hawkins
ate iciar leas and	160	WAS DECEASED EVER IN U.S. ARM	AED FORCES? 16b. SOCIAL SECURITY	NO. 17. INFORMANT	Address	
tific shys en p		No.	None	Joseph Chas	e Bel Alton , Ma	ryland
ne death certificate b attending physician permit. Then please ian, ar remaval, and i		1B. CAUSE OF DEATH (Enter on	ly one couse per line for (a), (b) and (a			APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
eath indii ar re		PART I. DEATH WAS CAUSEI	O BY: ATE CAUSE (o)	rectases		12-30-61
afte oerm an,		1620	DUE TO, OR AS A CONSEQUENCE O	0 . 1. 11	116.00	10 -01/
t the sit i		Canditions, if ony, which gove in ise to immediate couse (a),	(b)	aen muil	- 127/204	12-48-61
tha an. by ran		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE O			
quires that the physician. signed by the burial-transit purial, cremati		last.	(c)	/_		
equ phy sign bur bur		PART 2. OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE OF	RCONDITION GIVEN IN PART 1(a)	
The law requires the attending physician. has been signed by se as the burial-trait hariar ta burial, cre	S	TA DIVINI OF CONTAINING THE	CONDITION FOR WELLOW ORERATION WAS I	TOTAL	20b. IF YES, WERE FINDINGS (ONCIDEDED IN CERTIEVING
The la attend thas be as as the pride of the	CERTIFICATION	19o. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS F		CALIFOR OF DEATING	ONSIDERED IN CERTIFIING
The per the state of the per t	ERTIF	21o. ACCIDENT WAS UNDERLYIN	NG 21b. TIME OF INJURY		ter nature of injury in Part 1 or Port 2,	ttom 18.1
AN: al a icat far Hec		OR CONTRIBUTING CAUSE OF DEAT	TH HOUR A.M. Month Doy Yes		ter nature at injury in Part 1 at Part 2,	nem ro.)
spit spit : af	MEDICAL	(If either, notify medical exami	PLACE OF INJURY (AT HOME, FARM, STREET, I	19 ACTORY,) 21f. LOCATION Street at R.F.D. 1	la. City ar Town	County State
OR ATTENDING PHYSICIAN: be retained by the hospital ar DIRECTOR: After this certificate ge 3 shauld be detached far u lled with the State Dept. af Healt		While Not while at work	PLACE OF INJURY (AT HOME, FARM, STREET, I	ZII. COCATION Sheet di Kir.b. I	to. City of fown	Cooliny
de the field of th		at work at work	is haspital) attended the decea	and fram 10	. ta 19	, that (I) (we) last
DIN Pyte Afte be Sto		saw the deceased of	live of		pinian death accurred an the do	
auld the the	1	causes stated abave	Tive on e, () (we) (did) (did nat) view the	e bady after death.		
A Preference A Pre	14	22b. SIGNATURE	1000	ATTENDING -	MEN STAFF	DATE SIGNED
OR be be Je Je		11/1/2	() Muy	DEGREE PHYS.	DIRECTOR D STAFF PHYS.	1-6/
AL AL POG		22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS	- 1/6.1	
Page 4 may be retained by the hospital ar attending physician. Page 4 may be retained by the hospital ar attending physician. Page 5 may be retained by the hospital ar attending physician. Page 6 may be retained by the hospital ar attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 should be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event within 32 hours after death.		- Cene	LEDELEN, M.D.	La Plat		16
HO age FU Fu Fu	230	. Bottoney attacked the control of		F CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
0 0 0 0 s		FUNERAL DIRECTOR	an.1,1968 St.I	gnatius	Chapel Point	SIGNATURE
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4 1/8/68 SUM NEV. 1700	AI	renart Funera	al Home Inc. La	riata, Ma DAWAI	110 1989 Miles	Pa. Tuzza

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16869 16863 CERTIFICATE OF DEATH Middle Last 2g. DATE OF DEATH 2b. HOUR DECEASED-NAME First December 0027, 7967 (Type or print) ALTCE CECELIA 6. AGE (In years IF UNDER 24 HRS 4. RACE S. DATE OF BIRTH IF LINDER 1 YEAR 3. SEX Female Negro October 10,1915 PHYSICIAN: The law requires that the death certificate be executed within 24 haurs. 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH Maryland U.S.A. Charles WIDOWED [DIVORCED [papers hin 72 l completely filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Hodwingmestofworking life Byggit catived.) Musicyming La Plata Memorial directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban shauld be filed with the State Dept. af Health prior ta burial, crematian, or remaval, and in any event, wit 13c. CITY OR TOWN 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e. STREET AND NUMBER admission) Maryland 13b. County rles YES 🗀 Rural Wicomico 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Middle Last and (Unkown) Jack Campbel Estelle physician (16b. SOCIAL SECURITY NO. 17. INFORMANT 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no or unknown) Dora Aligen Thomas -Chaptico, Md. None 18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c), PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit g Conditions, if ony, which gove) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 20a AUTOPS CAUSES OF DEATH? YES P 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) or contributing cause of DEATH (If either, natify medical examiner) HOUR A.M. Manth Day Year (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Na. 21e. PLACE OF INJURY City or Town County State 21d. INJURY OCCURRED While Nat while at work 220. I certify that (I) (this hospital) attended the deceased from 12-26-67, 19 sow the deceased alive on 42-27-67 19, and that in (my) (our) op _, to 12-27-6719 ____, and that in (my) (our) opinion death occurred on the date and hour and from the couses stored obove, (I) (we) (did) (did not) view the body ofter deoth. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23a. BURIAL, CREMATION, 23b. DATE , Maryland BENDWAL (Spicity) 12/30/1967 St. Mary's Cemetery Newport 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 30M REV. 1768 Arehart Funeral Home, Inc. - La Plata, Md. DATEJAN

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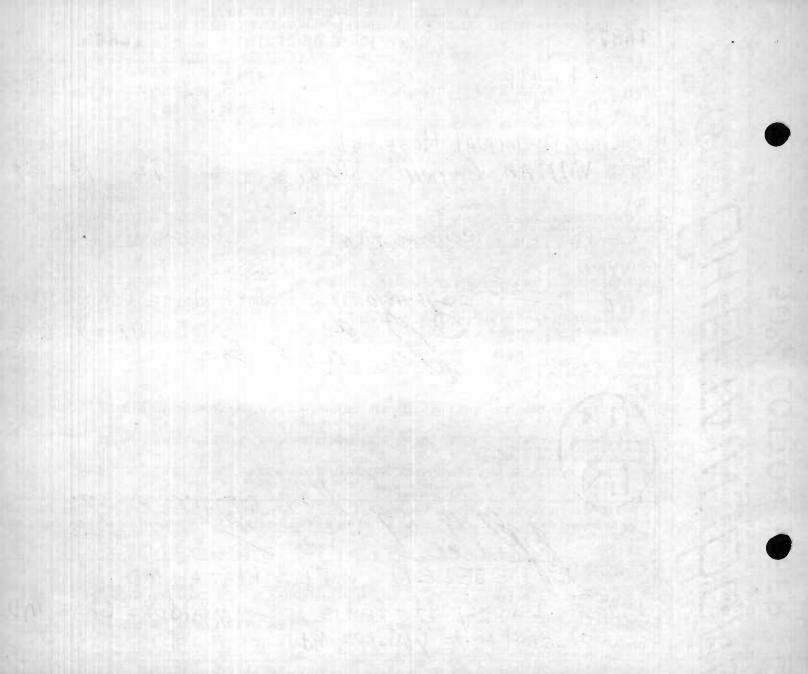
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16870 CERTIFICATE OF DEATH 17891 PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) O. STATE o. COUNTY b COUNTY CHARLES MARYLAND b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporote limits, write RURAL and give neorest tawn) requires that the death certificate be executed within 24 hours carban papers. ent, within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES 🗌 NO NAME OF Middle 4. DATE Month Doy Year DECEASED COLE 196 (Type or print) DEATH S. SEX NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED AGE (In years birthdoy) Months Hours WIDOWED DIVORCED the attending physician and sit permit. Then please rem 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME ALICE WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) ((If yes give wor or dotes of service) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: burial-transit IMMEDIATE CAUSE (o) DUE TO signed t Conditions, if ony, which gove rise to immediate couse (o), **DUE TO** stoting the underlying couse has been as the lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES NO TO FUNERAL DIRECTOR: After this certificate far 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH TO HOSPITAL OR ATTENDING PHYSICIAN Page 4 may be retained by the hospital 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Day, Yeor (County) (Stote) foctory, street, office bldg., etc.) Not While ot work 21. I certify that (I) (this haspital) attended the deceased from 12-167, and that death accurred at 6 A M, fram causes and an the date stated above saw the deceased alive an_ 22o. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. PHYS DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) REMOVAL (Specify) 24. FUNERAL DIRECTOR Pomonkey. Md. VR A15 (V 20 M 1/6 Leroy E. Berry

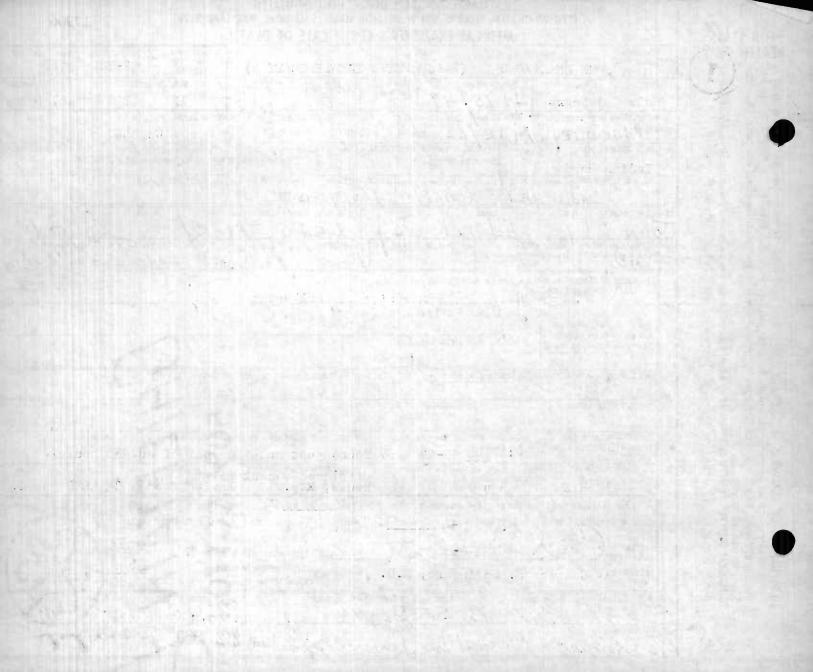


2 1		DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	16871 MEDICAL EXAMINER'	S CERTIFICATE OF DEATH 16864
HEALTH DEPT.	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare admission)
2, ond 3 to PM3. Page partprent of affect dents	a. COUNTY CHARLES MARYLAND	O. STATE MARYLAND b. COUNTY CHARLES
delay ond 3 A3. Page	b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b write RURAL and girl pearest town)	c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)
afte afte	LAPLATA	WHITE PLAINS 08/
	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. Street address e. IS residence on a farm? yes \(\text{NO} \)
State 2	3. NAME OF First Middle	7) Last 4. DATE Month Day Year
haurs after death. If Item 18. Give Pages 1, Office alang with farm land 2 with the State Devent within 72 laurs	(Type or print) TRANK EDWARD (ONNELL OF DEATH /2 /8 19 67
after 8. Gin alang with withi	S. SEX 6. COYOR OR'RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday Manths Days Haurs Min.
haurs Item 1 Office and 2 event	10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR	JULY 9 1888 7 9 yrs. Manths Days Haurs Min. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
4 hc s Of s Of	during mottet working life, even if retired) TOBACCO	COLORADO COUNTRY?
within 24 pencil in I caminer's (le pages I le in any	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
I with n pen Exam	WILLIAM E. CONNELL	FRANCES GIRARDOT
This certificate shauld be executed within 24 haurs after death. icote, writing the ward "pending" in pencil in Item 18. Give Page be farwarded ta the Chief Medical Examiner's Office alang with f 1 be used as a burial-transit permit. File pages I and 2 with the Staff ir ta burial, crematian, or remaval, and in any event within 72 harms.	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na or untagwn) (If yes give war ar dates af service)	Address Place MA
executed nding" i Medical permit.	18. CAUSE OF DEATH (Enter only one cause per line for (b), and (c).)	KOSE CONNELL, WHITE (LAINS, MD.
shauld be e ne ward "per a the Chief I burial-transit matian, or re	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	eny Occlience on JONSELAND, OBOTH 6;
auld vard ne Cl al-tra ian,	4201 DUE TO	1 100
she v he v ta th buri mat	Canditians, if any, which gave rise to immediate cause (a), DUE TO	
ficate ing the ded to as a as a if, cre	stoting the underlying couse (c)	
certificate shauld, writing the ward arwarded ta the Church used as a burial-treburial, crematian,	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	O THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED?
his conte, be up tab	TIO	YES NO 🔀
INER: This certificate shauld be executed within 24 is certificate, writing the ward "pending" in pencil in shauld be farwarded to the Chief Medical Examiner's files. 3 shauld be used as a burial-transit permit. File pages int, prior to burial, cremation, or remayal, and in any	20b. DESCRIBE HOW INJURY OCCURRED PRIMARY CAUSE OF DEATH 20c. TIME OF INJURY Manth, Doy, Year Hour a.m. 1211 1067 While Not While	D. (Enter noture of injury in Part I or Port II of item 18.)
	20t. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While of work 1967 of work 1967 of work 1967	DAGE OD INJURY (Hame, form, 20f. (City of town) (County) (Stote) agrops, street, office bldg., etc.)
L EXAM cecute the Page 4 far yaur iR: Page	21. I certify that I took charge of the remains described above,	held an Autopsy , Inspection , Inquiry and in my opinion
e e x ttar. sed 1	death resulted from: Natural causes , Accident , Si	vicide, Hamicide, Undetermined manner
EPUTY MEDICA Ssary, please es) funeral directar. asy be retained NERAL DIRECTO th ar its design	ACTUAL ACTUAL	M.D. ASSISTANT MEDICAL EXAMINER APLATA, 22. DATE SIGNED
ry, peral be re RAL ar its	SIGNATURE CALLED	DEPUTY MEDICAL EXAMINER
necessary, please execute the funeral directar. Page 4 5 may be retained far yaur to FUNERAL DIRECTOR: Page Health ar its designated age	NAME (Type) / E.J. EDELEN	Address (Street, city, tawn, ar county)
the share the sh	23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c., NAME OF CEMETERY OF COMMENTS OF CEMETERY O	- 0 - 1 - 0 4 10-
00	24, FUNERAL DIRECTOR ADDRESS	250. REC'D BY REGISTRAR, 25b. REGISTRAR'S SIGNAPORE
VR A15ME (5)	HUNTT FUNERAL HOME WALTERE	

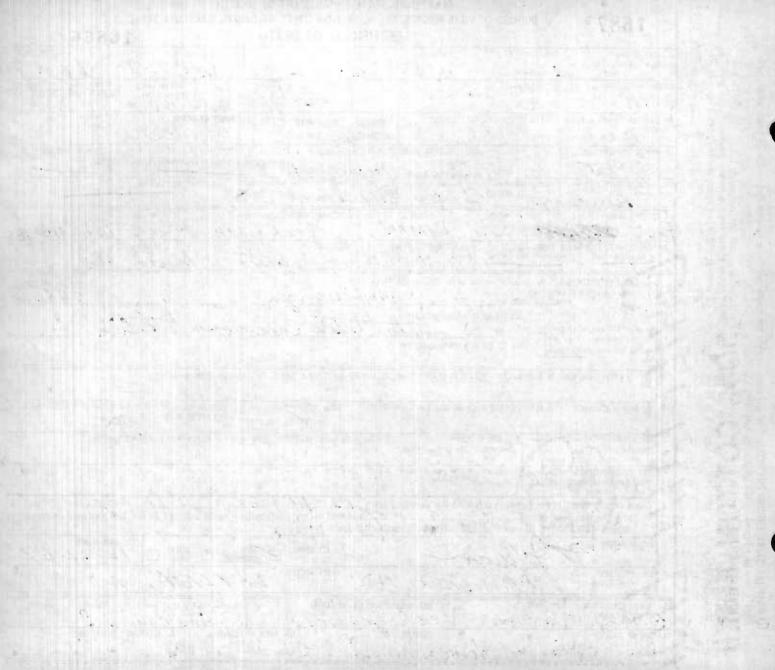
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	1		MAI		PARTMENT OF HEALTH , 301 W. PRESTON STREET,	RAITIMODE 1 MADVIAND
	-82 d		16872	CERTIFICATI		16865
hours after death.	the funeral ses 1 and 2 after death.	1.	PLACE DE DEATH a. COUNTY Charles	MARYLAND	2. USUAL RESIDENCE (Where decease a. STATE	ed lived, If institution: Residence before admission b. COUNTY
ours aft	in by the ages learn after		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corpor	ate Ilmits, write RURAL and give nearest town
名 第 2 6 3			d. NAME OF HOSPITAL OR INSTITUTION (IF NOT IN	hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCI ON A FARM? YES NO
d within	completely fill ve carbon par event, within	3.	NAME OF DECEASED (Type or print) WILLIAM GV	VYNN D	AU'S 4. DATE OF DEATH	Month Day Year / 9 1967
execute	and corenove		SEX 6. COLOR OR RACE 7. MARRIE WIDOWE USUAL OCCUPATION (Cive kind of work done) 10b.	D DIVORCED	1-26-1882 8	CE (In years IFUNDER 1 YEAR IFUNDER 24 HR: ast birthday) yrs. April 12 CITIZEN OF WIAT
ate be	physician and in please remo ival, and in any	dur	ng most of working life, even if retired) CARPENTER FATHER'S NAME	KIND OF BUSINESS OR INDUSTRY ONSTRUCTION	11. BIRTHPLACE (County & State, or Charles) 14. MOTHER'S MAIDEN NAME	foreign country) 12. CITIZEN OF WHAT COUNTRY?
certifica	cian. ed by the attending phy -transit permit. Then pl I, cremation, or removal,	(KWYNN DAVIS	6. SOCIAL SECURITYNO, 17.	UNKNOWN	Address
death	he atter permit. tion, or	(Ye	, no, or unknown) (If yes give war or dates of service) 18. CAUSE DF DEATH [Enter only one cause per	12-16-4810 0-	tis Davis WI	TITE PLAINS, Md
12t the	cian. ed by t transit , crema		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	(c).1		11-2 ONSET AND DEATH
requires that the death certificate be executed within	ng physi sen sign le burial to burial		Conditions, If any, which gave rise to immediate cause (a), stating the	Den 1	int see	/
9W [6	attendi e has be se as th th prior	TION	underlying cause last. (c) PART II. OTHER SICNIFICANT CONDITIONS CONTRI	BUT INC TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDIT	TION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
ICIAN. Th	certificat certificat thed for u	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of Injury in Part	YES NO
NG PHYS	by the P fter this be detac state Dep	MEDICAL	2Dc. TIME OF INJURY Month, Day, Year 20d. Hour a.m. While p.m. 19 at wo	le Not While facto	CE OF INJURY (Home, farm, ry, street, office bldg., etc.)	ty or town) (County) (State)
ATTENDI	Page 4 may be retained by the hospital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by the director, page 3 should be detached for use as the burial-transit per should be filed with the State Dept. of Health prior to burial, cremation		21. I certify that (I) (this hospital) attensaw the deceased alive on 22a. SICNATURE		death occurred at M, from	the causes and on the date stated above
An land	nay be AL DIRE page 3 e filed w		22c, PHYSICIAN'S	Cent M.D	ATTENDING MED. PHYS. DIRECTOR DIRECTOR DIRECTOR	STAFF PHYS.
ИОСРІ	age 4 r FUNER irector, nould b	23a	NAME (Type)	LEN 1 23g. NAME OF CEMETERY	OR CREMATORY 1 23d. LOCA	TION (City, town or county) (State)
T CT	2 2 2	24	FUNERAL DIRECTOR	ADDRESS ADDRESS	25a. REC'D BY RECIST	
	VR AIS HO	1	UNTT FUNERAL HOM	DE WALDORF,	Md DATEDEC 28 18	36





MARYLAND STATE DEPARTMENT OF HEALTH 16873 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 16866 Middle Last 2a. DATE OF DEATH DECEASED-NAME 2b. HOU First deoth. requires that the death certificate be executed within 24 haurs after death and (Type ar print) Manth the funeral 3. SEX A. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. completely filled in by the r last birthday) DAYS HOURS 7/27 bours YRS a. BIRTHPLACE (State ar fareign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED country) burial-transit permit. Then please remave carban papers. burial, crematian, or remaval, and in any event, within 72 þ Charles WIDOWED Y DIVORCED Md. 12a. USUAL OCCUPATION (Kind of work dane 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR give street address during mast af warking life, even if retired.) INDUSTRY 13c. CITY OR TOWN 13a, USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13b. COUNTY YES NO Middle 14. FATHER'S NAME First Middle 1S. MOTHER'S MAIDEN NAME First Last Last eR physician 16b. SOCIAL SECURITY NO. Address 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes, na, ar unknawn) (If yes give war or dates of service) -26.3326 attending phys APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND GEATH PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) signed by the burial-transit p the Conditions, if any, which gave rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **IO FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health prior to OR ATTENDING PHYSICIAN: The law 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY2 CAUSES OF DEATH? YES IP NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street at R.F.D. Na. 21e. PLACE OF INJURY 21d. INJURY OCCURRED City or Town State County While Nat while at wark 22a. I certify that (I) (this hospital) attended the deceased fram 12-19, 1967, ta. saw the deceosed olive on 12-17 19-67, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (I) (we) (did) (did nat) view the bady ofter death 22c. DATE SIGNED 22b. SIGNATURE **ATTENDING** DEGREE PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL, CREMATION 23b. DATE (County) (State) REMOVAL (Specify) FUNERAL DIRECTOR ADDRESS 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR VR A15 (4) 1968 30M REV, 1/68 0



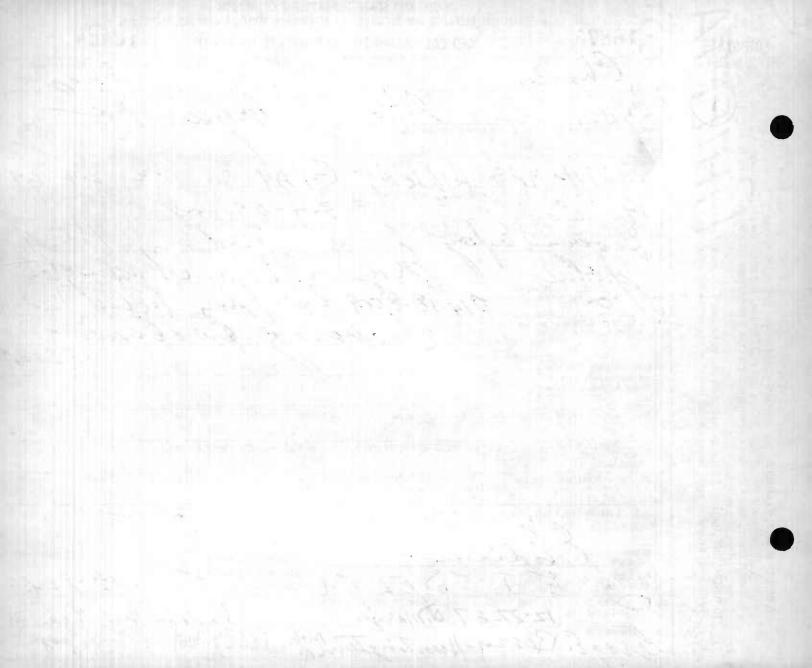
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

6		
	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmission)
	Charles MARYLAND	Maryland Charles
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporeta limits, write RURAL and give neerest town)
	La Plata	Oa Plata
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, giva streat addrass)	d. STREET ADDRESS o. 15 RESIDENCE
2	Physicans Memorial Hospital	Oak Avenue
	3. NAME OF DECEASED WILLIAM AUGUSTUS FOWKE	Lest 4. DATE Month Dey Yaer
		DEATH December 3, 1967
9	Mo 1	DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS.
1	Male White WIDOWED DIVORCED .	June 4, 1892 75 yrs. Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work departure most of working life even if relieved)	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Н	Resident Engineer-Ret. State Road:	s Maryland U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Н	William A. Fowke	Jane F. Stonestreet
П	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
	(Yes, no, or unkown) (Ifyassive war or dates of service) Unkown Ag	gnes Fowke -Wife -La Plata,Md.
	18. CAUSE OF DEATH [Enter only one cause po line for (a), (v), and (c).]	INTERVAL BÉTWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ac Sclerens
	33/X DUE TO A	
	Conditions, if eny, which) (b) (lieling /	ar Aclerans
	gava risa to immadiate ceusa	
	(a), stating the underlying Couse lest.	
		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)) 19. WAS AUTOPSY
77	PART HE OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	PERFORMED?
	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW NJURY OCCURED	YES NO LIFE. (Enter neture of injury in Part I or Part II of item 18.)
9	208. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW NJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH IF IT EITHER, NOTIFY MEDICAL EXAMINER)	. (2000 1000 0 10
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Homa, farm, 20f. (City or town) (County) (State)
	The same of the sa	lory, straat, offica bldg., etc.)
9	21. I certify that (I) (this hospital) attended the deceased from	11-9 to 12-2 (9), that (1) (we) las
	saw the deceased sive and that	22b. DATE
H	Man Dana 1-	ATTENDING MED STAFF 12/3/10/90/EL
	22c. PHYSICIAN'S	22d. ADDRESS
	NAME (Type) E.J. Edelen, M.D.	La Plata , Md.
	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	
)	Buradicity 12/5/1967 Mt. Rest C	Cemtery La Plata , Maryland
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	Arehart Funeral Home, IncLa Plat	a, Md. DATHEC 7 1967 yellanlas Judge
		HELL WOLL A

HEAR TO HAPPING STELL AD emaya daga Issigan israne amada d Nate water the 1892 boniyadi abada eyed .com-medisel dagan ei destructions of east. owwood A marketen . M. Stol. Si- plis - sawe agree - sweet - Stell T a.d. analana .b.a. die. 1814. 1914. 1914. Essuer Turesat nome, Inc. - Late, Los, or her a lost a vice and a second assume

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16875 16868 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF BEAT 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNT o. STATE MARYLAND IV OR TOWN (If outside corporate limits. C LENGYE OF SPAY IN 16 c. CITY OR TOWN (If purside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Dep d. STREET ADDRESS haurs Office alang with form ON A FARM? ate YES NO after death. NAME OF DATE Month Doy DECEASED within (Type or print) DEATH IF UNDER 1 YEAR SFX DATE OF AGE (In years COLOR OR RACE lost birthday) Months Dovs Hours haurs WIDOWED DIVORCED event CV 106. KIND OF BUSINESS OR CUPATION (Give kind of work done 11. BIRTHPLACE (Statesor, foreign 12. CITIZEN OF WHA wen if retired INDUSTRY during me any pending" in pencil in ef Medical Examiner's pages in any 13. FATHER 14. MOTHER'S MANDEN NAME be executed within pup EASE FEVER IN U.S. ARMED FORCES? INFORMANT ar removal, CAUSE OF DEATH (Enter only one couse per line for (o), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' s a burial-tro writing the ward certificate shauld DUF TO farwarded to the Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse burial, a 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO the certificate, 0 pe 2Do. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) agent, priar PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, 2Df. (City or town) (County) 2Dc. TIME OF INJURY Month, Day, Year (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Page of work designated 21. I certify that I took charge of the remains described above, held an Autopsy Inspection . for and in my opinion death resulted from funeral director. Natural causes Accident Suicide Hamicide Undetermined manner be retained CHIFF MFDICAL FXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL FXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 10 **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) BURIAL TREMATION 23 NAME OF CEMETERY OR CREMATORY DATE THEREOF LOCATION (City or Town) (County REMOVAL (Specify) FUNERAL DIRECTOR VR A15ME (3)



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16876 16869 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATI 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY delay is ond 3 to M3. Poge Charles Charles MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) puo M3 White Plains La Plata d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS with farm Physicians Memorial Hospital in Item 18. Give Poges State YES NO X This certificate should be executed within 24 hours ofter deoth. 3. NAME OF 4. DATE Year Doy DECEASED ond 2 with the James Edward Hamilton DEATH December 16. 1967 (Type or print) Office alang S. SEX 6. COLOR OR RACE NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS. 7. MARRIED lost birthdoy) Months Doys hours after death WIDOWED DIVORCED Aug.14, 1914 Male 53 Cau. 11. BIRTHPLACE (State or foreign country) IDo. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT during most of working life, even if retired)
Carpenter INDUSTRY COUNTRY? Maryland
14. MOTHER'S MAIDEN NAME Construction U.S. Medical Exominer's pencil 13. FATHER'S NAME Roy Hamilton Amanda Pickeral 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO event within 72 (Yes, no, or unknown) (If yes give wor or dotes of service) 212-14-5036 Roy Hamilton, White Plains, Md. 18. CAUSE OF DEATH (Enter only one couse per line for (o) (b) and (c).) Chief / buriol-tronsit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) please execute the certificate, writing the word DUE TO any Conditions, if ony, which gove rise to immediate couse (a), forwarded to _= DUE TO stoting the underlying couse 0 puo used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY removal. PERFORMED? NO T pe 4 should be 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 should PRIMARY Or CONTRIBUTING 0 DICAL EXAMINER: CAUSE OF DEATH. cremotion, 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 2Dc. TIME OF INJURY Month, Doy, Year Hour o.m. factory, street, office bldg., etc.) YOUR Not While FUNERAL DIRECTOR: Page ot work Inspection ____ 2). I certify that I took charge of the remains described above, held an Autopsy Inquiry ond in my opinion Notural couses deoth resulted from: Suicide Homicide Undetermined monner director CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER Health priar SIGNATURE funeral Dec. 16, 1967 DEPUTY MEDICAL EXAMINER **EXAMINER'S** La Plata, Md. E.J. Edelen M.D. Address (Street, city, town, or county) DATE THEREOF 23d. LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 0 Burial (Specify) 12-18-67 Oakland Cemetery Waldorf, Charles, 24. FUNERAL DIRECTOR VR A15ME (5) Huntt Funeral Home, Waldorf, Md. DATE

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16877 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY Charles MARYLAND Charles delay b. CITY OR TOWN (If autside carparate limits, write RURA) and give nearest tawn) c. LENGTH DF STAY IN 16 c. CITY DR TDWN (If autside carparate limits, write RURAL and give nearest tawn) puo D.O.A. La Plata d. NAME OF HDSPITAL DR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? ROURS Item 18. Give Pages 1, Office alang with farm Physicans Memorial Hospital YES NO after death. 3. NAME OF First 4. DATE Manth Day Year within 72 DECEASED 0F LYDIA 12 (Type or print) DEATH UNDER 24 HRS S. SEX 9. AGE (In years IF UNDER COLOR OR RACE 7. MARRIED NEVER MARRIED clast birthday) Months Haurs WIDOWED DIVDRCED event hours 10o. USUAL OCCUPATION (Give kind af work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State ar foreign country) 12. CITIZEN OF WHAT during most of warking life, even if retired) COUNTRY ? INDUSTRY Balto., Md. dny d ''pending'' in pencil in Chief Medical Examiner's pages in any pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate should be executed within Wm. S. Steinacker Elizabeth Heisler pup 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT 17. Address (Yes, na, or unknown) (If yes give war or dates of service) ar remaval, G Holmes Ft. Lauderdale, Fla Terrace 18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSO AND PEATY IMMEDIATE CAUSE (a) writing the ward burial, crematian, DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stoting the underlying cause last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) YES . NO please execute the certificate. designated agent, priar to 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 ar Part 11 af item 18.) shauld PRIMARY I or CONTRIBUTING I CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (State) 20c. TIME OF INJURY Manth, Day, Year Nat While may be retained far yaur FUNERAL DIRECTOR: Page at work 21. I certify that I taak charge of the remains described above, held an Autapsy , Inspection Inquiry and in my apinion death resulted from: Accident . Suicide . Homicide | Undetermined manner Natural causes CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER Health or its SIGNATURE Edelen, M.D. La Plata, MEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) **EXAMINER'S** NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREDE 23c. NAME OF CEMETERY OR CREMATORY 23d. LDCATION (City or Town) (County) 50 REMOVAL (Specify) Loudon Fark Cem. Baltimore, Md. 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR Charles Witzke F. D. - 4101 Edmondson Av. VR A15ME (5) DATE DEC 19

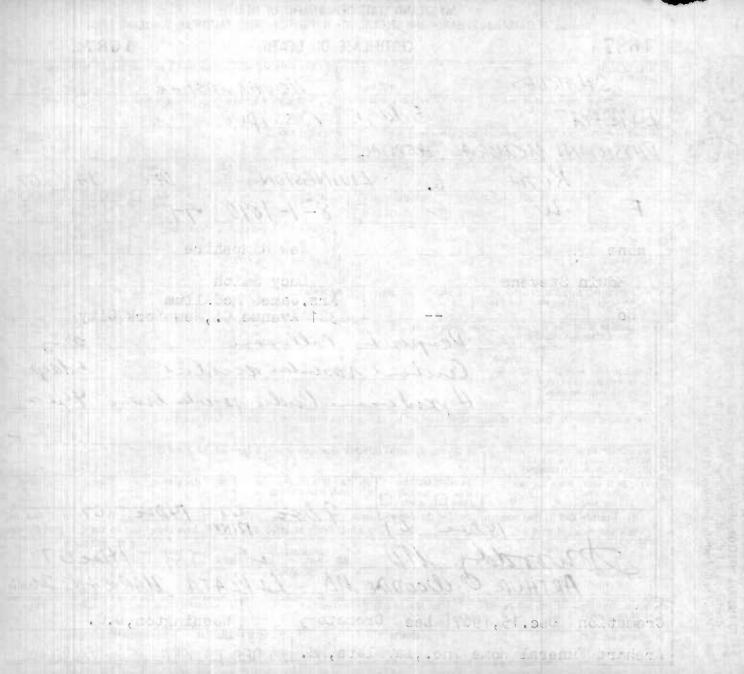
LELBOL L

MARYLAND STATE DEPARTMENT OF HEALTH 16878 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY delay is and 3 ta MARYLAND Maryland Charles b. CITY OR TOWN (If eutside corporate limits c. LENGTH OF STAY IN 1b c. CITY OR TOWN (It outside corporate limits, write RURAL and give nearest town) and PM3 d. STREET ADDRESS IS RESIDENC AL OP INSTITUTION (If not in hospital, give street address) in Item 18. Give Pages 1, with farm YES Y NO 3. NAME OF Lost 4. DATE DECEASED Charles Elizha Hudson Jr. DEATH 6. COLOR OR RACE 8 DATE OF BIRTH 7. MARRIED NEVER MARRIED (In years birthdoy) Months Doys Dec.25,1939 DIVORCED X within 72 haurs after death Male Negro WIDOWED 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Waterman 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR INDUSTRY USA? New Jersey 14 MOTHER'S MAIDEN NAME This certificate should be executed within Josephine Campbell 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) Ida Mae Thomas, Rock Point, Md. 18. CAUSE OF DEATH (Enter only one cause per PART I, DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH any event IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate couse (o), DUE TO stoting the underlying couse 0 WAS AUTOPSY PERFORMED? removal PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DEATH BUT NOT RELATED TO THE TERMINA DISEASE CONDITION GIVEN IN PART 1(o) NO 20o. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 3 should OL CAUSE OF DEATH. crematian. for treet, office bldg., etc.) Not While may be retained for your FUNERAL DIRECTOR: Page the remains described above, held an Auto Inspection and in my apinian death resulted from: Natural causes Accident Suicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE the funeral DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health .Edelen, La Plata, Md. Address (Street, city, town, or county) 0 Burial (Specify) Shiloh Methodist Newburg, Charles, Md.

By REGISTRAR 25b. REGISTRAR'S SIGNATURE Dec. 9, 1967 2So. REC'D BY REGISTRAR VR A 15ME (6) DATDEC 7 Minutes Judge Berry Funeral Home , Pomonkey, Md.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fidirector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages L should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
16873

1	1.	PLACE OF BEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution	n: Residence before admission)
		a. CDUNTY / ARLES MARYLAND	a. STATE DOE DE COUNTY	MAR SLAND
n		b. CITY DR TDWN (if outside corporate limits.) Lc. LENGTHOF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RUI	RAL and give nearest town)
	T	write RURAL and give nearest town) La Staffay	Andraw Heat	081
	+1	d. NAME OF HOSPITAL OR'INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
	D	1	Varaled weed	ON A FARM?
2	13.	NAME DE FIRST MIDDLE	VI PRAMOP DESCRIPTION	YES ND
play	13.	DECEASED	Last 4. DATE Month OF	Day Year
	5	SEX 6. COLOR DR/RACE 7 MARRIED NEVER MARRIED 18	DEATH 12 -	DER 1 YEAR IF UNDER 24 HRS.
	1	/ MARKIED NEVER MARKIED	B. DATE OF BIRTH 9. AGE (In years IFUNI last birthday) Month	
8	re	MALE NERGO WIDOWED DIVORCED	3/4/1904 63 yrs.	
	dyrj	. USUAL DCCUPATION (Give Kind of work done ing most of working life, even if retired) INDUSTRY	11. BIRT PLACE (County & State, or foreign country) 12	CITIZEN OF WHAT
8	H	ouse wife	MARDURY, Md	15.A.
	13.	FATHER'S NAME	14. MDTHER'S MAIDEN NAME	
Ÿ		ohn Matthews	MARY Shelton	1
	15. (Ye	. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SDCIAL SECURITY NO. 17, s, no, or unkown) (If yes give war or dates of service)	INFDRMANT Address	1
g	,,,	Ac	aves Smith Misqu	th Md
		18. CAUSE OF BEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		ONSET AND DEATH
y		331X DUE TD 11		11
П		Conditions, If any, which) (b) Hyper huft	on.	Hapy 3
		gave rise to immediate	7 0 4	
		cause (a), stating the underlying cause last.	youlusses	
	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(a) 19. WAS AUTDPSY
1	CAT			PERFORMED?
	II.	20a. ACCIDENT WAS UNDERLYING [] 2Db. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of Injury in Part I or Part II of Item	18.)
N	CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
			CE OF INJURY (Home, farm, 2Df. (City or town)	County) (State)
	MEDICAL	Wille Wor while	ry, street, office bldg., etc.)	
	Σ	p.m. 19 at work at work	12/5 10/71 10/11 10	67 was in the last
		21. I certify that (I) (this hospital) attended the decreased from	death occurred at 1.2 M, from the causes and o	the data stated shows
		saw the deceased alive on 19 1, and that	death occurred at the will, from the causes and b	
			ATTENDING MED. STAFF	111111
1		22c. PHYSICIAN'S	PHYS. DIRECTOR PHYS.	1-110/
1	l	NAME (Type) ARTURD M. MINTEIR	A LA (VIETA VIE)	
	23a	. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or	county) (State)
		BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	Wation of Only Ton	1/4
	24.	FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTR	AR'S SIGNATURE
	1	3 1 (1) 0 1	0111 DEC 2.00 1967 John	es judge
	15	12/201 12/10 10 400mm 112/11/11/11	I WE O'M DO ING I TOUR	N CON DI

VR AI5 (4) 20M 1/65

THAN THE LIE Palseign Heaviers Hospital Laplade Md HARL ESTELLA PROTTERS 125 - 11 67 2/4/1917 BE Semale Meese MARBURY ME 218 11. MILISE WILLE HARL STREFTER John Matthews RORES SMITH PROBER ARE

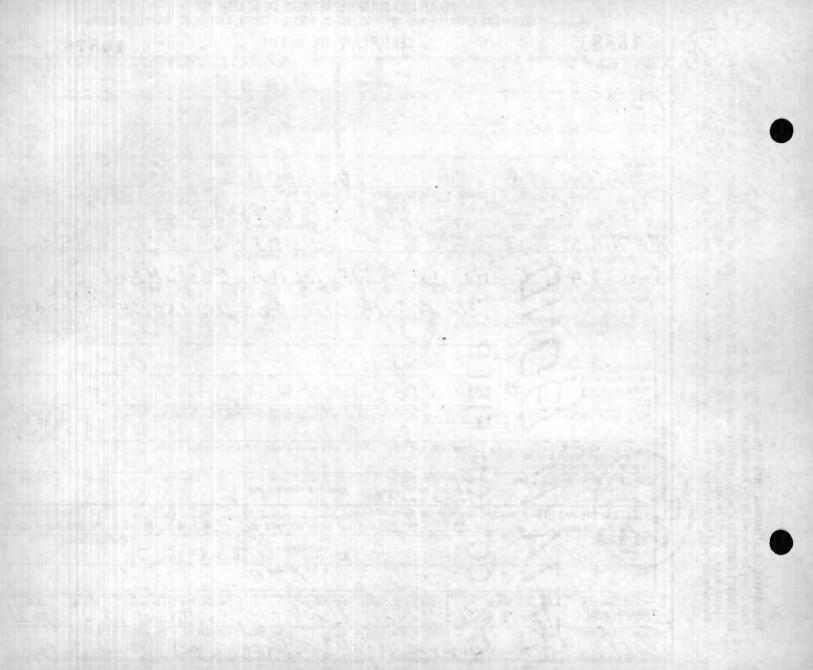
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 16874 PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. ond 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH physicion and completely filled in by the funero a. COUNTY a. STATE b. COUNTY Charles Maryland MARYLAND Charles c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside corparate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)
La Plata Bryans Road d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Physicians Memorial Hospital YES NO . NAME OF Middle DATE e Lost Manth Day Year DECEASED OF DEATH (Type or print) IF UNDER 24 HRS SEX 6. COLOR OR RACE 9. AGE (In years NEVER MARRIED DATE OF BIRTH last birthday) Manths WIDOWED DIVORCED Tog. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during mast af warking life oven if retired) INDUSTRY AUTO 13. FATHER'S NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address (Yes, no, grunkpown) (If yes give war ar dotes of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) buriol-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed by DUE TO Conditions, if ony, which gove rise ta immediate cause (a). DUE TO stoting the underlying cause the hospitol or attending os the TO FUNERAL DIRECTOR: After this certificate hos been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? use MUFLUENTA. NO for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, factory, street, office bldg., etc.) at work at wark should be 196 (that (1) (we) last , 19 Co (, to. 21. I certify that (1) (this haspital) attended the deceased fram be retoined 2, and that death occurred at \$2.50 M, from causes and on the dote stoted obave. saw the deceased alive an_ 19 22g. SIGNATURE 22b. DATE SIGNED **ATTENDING** DIRECTOR M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (Stote) 23a. BURIAL, CREMATION, REMOVAL (Specify) 1/6m. GARDENS VALDORF, CHARLES 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR HOME WALDORF, NTT FUNERAL

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16882 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE Page deat b. CITY OR TOWN (If outside corpor c. LENGTH OF STAY IN 16 c. CITY OR TOWN pup P.M3 Depar d. STREET ADDRESS IS RESIDENCE ON A FARM? along with farm haurs YFS NO after death. NAME O DATE Month Doy within 72 DECEASED DEATH YEAR S. SEX IF UNDER IF UNDER 9. AGE (In veors 7 MARRIED NEVER MARRIED lost, birthdoy) Months Hours WIDOWED DIVORCED event IDo USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT REAL ESTATE during most of working life even if retired) COUNTRY USSIA SELL EMPLOYED AUD = Chief Medical Examiner's pages 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME pencil be executed within HERSHMAN SARAH and 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 105-18 St., N.W. (Yes, no. or,unknown) I(If yes give wor or dotes of service remaval, 18. CAUSE OF DEATH (Enter only one cause per line for a) PART I. DEATH WAS CAUSED BY OL IMMEDIATE CAUSE (o) ward This certificate should crematian, DUE TO Conditions, if ony, which gove (b) p rise to immediate couse (a), DUE TO stoting the underlying couse OS burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO certificate. p YES pe 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) pridr shauld PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. While Not While FUNERAL DIRECTOR: Page please execute ot work ot work Inspection 21. I certify that took charge of the remains described obave, held on Autopsy the funeral directar. deoth resulted from Natural causes Accident Suicide Homicide Undetermined manner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY 10 EXAMINER'S may Health Address (Street, city, town, or county) 23b. DATE THEREOF 23d. LOCATION (City/or Town) (County) 0 DEC 15 VR A15ME (5) 6M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1688 CERTIFICATE OF DEATH within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) and campletely filled in by the funeral o. COUNTY o. STATE b. COUNTY MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits write RURAL and give secrest town) MY OR JOWN (If outside corporate limits KURAL and give neorest town non IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS YES NO Middle 4. DATE Month × 3. NAME OF Lost / DECEASED DEATH (Type or print) requires that the death certificate be executed IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED Months Doys Hours WIDOWED DIVORCED and in any 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done INDUSTRY the attending physician sit permit. Then please FATHER'S NAME 14. MOTHER'S MAIDEN NAME remaval INFORMANT 16. SOCIAL SECURITY NO. WAS DECEASED EVER IN U.S. ARMED FORCES? C066 permit. (Yes, no, or unknown) (If yes give wor or dates of service) ď crematian, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for signed by the burial-transit p ONSET AND, DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO burial, Conditions, if ony, which gove rise to immediate couse (o), DUF TO stoting the underlying couse as the priar to be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS' PERFORMED? CERTIFICATION af Health NO far 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour o.m. Not While factory, street, office bldg., etc.) of work of work 21. I certify that (1) (this hospital) attended the deceased from and that death occurred at M. fram causes and on the date stated abave. saw the deceased alive a 22b. DATE SIGNED 22o. SIGNATURE **ATTENDING** M.D. DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) directar, 230 BURIAL, CREMATION 23b. DATE THEREOF NAME OF CEMETERY OR GREMATORY (County) (Stote) 23c. 24 FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4)



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death requires that the death certificate be executed within 24 hours after death and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE Maryland b. COUNTY Charles Charles oges I MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) Dentsville (Rural) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON AFARMS Physicans Memorial Hospital YES NO 3. NAME OF DECEASED Middle First Last 4. DATE Day Year STONES TREET (Type or print) DEATH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH 6 st birthday) Manths March 1,1902 Doys Haurs WIDOWED DIVORCED 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR during mast of working life, even if retired) Farming Gallent Green, Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Nicholas Stonestreet Annie Klimkiewicz IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Demesville .Md. 16. SOCIAL SECURITY NO. (Yes no, or unknown) (If yes give wor ar dotes af service) -Wife 220-22-8030 Marguerite B. Stonestreet INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a), (b) and 16 signed by the burial-tronsit p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) archovasculas disias DUF TO buriol, Canditians, if ony, which gove rise ta immediate cause (a), DUE TO stoting the underlying cause TO FUNERAL DIRECTOR: After this certificate hos been os the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) WAS AUTOPSY PERFORMED? NO for 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or tawn) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor factory, street, affice bldg., etc.) Nat While ot work 21. I certify that (1) (this haspital) attended the deceased fram @c Das 12 - 196, and that death occurred at AM, from causes and an the date stated above. saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 23o. BURIAL, CREMATION, 23b. DATE THEREOF BENOTAL (SPECIAL) 12/28/1967 Trinity Church Cemetery Newport Maryland 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 DATEDEC Arehart Funeral Home, Inc .- La Plata, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH deoth. by the funerol Pages 1 and 2 PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o COLINTY o. STATE b. COUNTY Charles Maryland Charles MARYIAND b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b. La Plata d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Physicans Memorial Hospital YES | NO A Middle NAME OF 4. DATE Year DECEASED Mav (Type or print DEATH S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH AGE (In years NEVER MARRIED lost birthdoy) Months June 24,1911 White Female WIDOWED DIVORCED 11. BIRTHPLACE (County & Stote, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY Charles County, Mary Employed 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Leigh Edelen Marguerite Willett AddressLa Plata.Md. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes no, or unknown) (If yes give wor or dotes of service) Mrs. Betty Johnson-Daughter 213-22-0182 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: burial-tronsit ONSET AND DEATH OF THE DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law re Page 4 may be retained by the hospital or attending stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been os the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPS)
PERFORMED? for use YES X NO 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) detoched (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED (County) foctory, street, office bldg., etc.) 21. I certify that (I) (this haspital) attended the deceased fram OCT, 1967, ta DEC, 1967, that (I) (we) last care the deceased alive an 12 - 2/ 1967, and that death accurred at 6 28/M, fram causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR director, page 3 M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S MO NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (Stote) St. Joseph's Cemetery BEMOVA Spacify) Pomfret Maryland 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4)1 20 M 1/66 Arehart Funeral Home, Inc.-La Plata, Md. DATENEC

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16886 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 16879 FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o STATE b. COUNTY Maryland Charles MARYLAND c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b PM3. P write RURAL and give nearest town)
La Plata D.O.A. Nanjemov d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d STREET ADDRESS ON A FARM? Smith Point Road Physicans Memorial Hospital in pencil in Item 18. Give Pages NO X This certificate should be executed within 24 hours ofter death. 3. NAME OF Year certificate, writing the word "pending" in pencil in Item 18. Give Pa auld be farworded to the Chief Medical Examiner's Office olong with DECEASED (Type ar print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED (In years IF UNDER 1 YEAR IF UNDER last birthday) event within 72 hours ofter death WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 10a. USUAL OCCUPATION (Give kind of work done BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? Truck Briver -Retired Tenn. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME John H. Wagner Daisey Lister 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Box 128ddrAs Route # (Yes, na, ar unknown) (If yes give war ar dates af service) Mrs. Dorothy Wagner-Wife-Nanjemoy, Md No Thkown 18. CAUSE OF DEATH (Enter only one cause per line for (of, PART I. DEATH WAS CAUSED BY: Certifical IMMEDIATE CAUSE (a) DUF TO ony Conditions, if ony, which gove rise ta immediate cause (a), = DUE TO stating the underlying cause and WAS AUTOPSY removol, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) PERFORMED? 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 should PRIMARY Or CONTRIBUTING 0 CALISE OF DEATH cremotion, (City ar town) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OE INJURY (Hame, farm, (County) (State) Haur a.m. factory, street, affice bldg., etc.) FUNERAL DIRECTOR: Poge Inspection K. 21. I certify that Look charge of the remains described above, held an Autapsy ... Inquiry X and in my apinian Notoral causes Accident . Suicide . Hamicide Undetermined manner death resulted from CHIEE MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER Health prior SIGNATURE DEPUTY MEDICAL EXAMINER D. La Plata, Mdiess (Street, city, town, or county) Edelen , M. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF 0 12/5/1967 St. Ignatius Cemetery Hill Top, Maryland 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR VR A15ME 1967 Arehart Funeral Home, Inc .- La Plata, Md. DATE DEC 7

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	12-18-67 ams DIVISION OF VITAL RECORDS, 301 W. PREST	
FOR STATE	16887 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH 16880
HEALTH DEPT.	1. PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)
s of the state of	Charles MARYLAND	o. STATE Maryland b. COUNTY Prince George
TO X E	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
any de , 2, an n PM3	write RURAL and give neorest town) LaPlata	Hill Crest Hrights /6)
D C7 d	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
State State	LaPlata Memo. Hospital	2418 Iverson St. YES NO
e & g	3. NAME OF DECEASED CLYPE First Middle Middle Clype Certain Pleau	Reserved 4. DATE Month & Doy Year OF TIP
or Girls Idang	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
75 c 18. 2 w 2 w 2 th.	F WIDOWED DIVORCED	TO O TITO J. yrs.
4 hau 1 Item 5 Office 1 land ter de	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Md.
in 2 iil ir ner ages s af	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
vith pen ami e p	George Knott	Ida R. Barber
ed v in I Ex I Ex 72 F		INFORMANT Address
ecute ng" dica dica hin	(1 es, no, or unknown) (in yes give wor or dores of service)	9hn Simms
INER: This certificate shauld be executed within 24 haurs after death. in certificate, writing the ward "pending" in pencil in Item 18. Give Pages shauld be farwarded to the Chief Medical Examiner's Office along with files. 1 Shauld be used as a burial-transit permit. File pages land 2 with the State tian, ar remaval, and in any event within 72 haurs after death.	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), one (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Curophoft /7 INTER BETWEEN
ard ard e Ch	816.4 DUE TO	001-19817
the war ta the ta burial-	Conditions, if ony, which gove (b) (b)	es client (4.7.6)
the d to d in d in	stoting the underlying couse DUE 10	
ificat tring arded and	lost. (c)	
cert arwo used used	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	PERFORMED?
This ate, be the company of the comp	200. EXTERNAL CAUSE WAS JOB DESCRIBE HOW INJURY OCCURRED	(Enter noture of injury in Port I or Port II of item 18.)
MEUCAL EXAMINER: This certificate, writh lease execute the certificate, writh director. Page 4 shauld be farwant or your files. DIRECTOR: Page 3 shauld be used to burial, crematian, ar remayal,	PRIMARY STOT CONTRIBUTING / CAUSE OF DEATH	or head our las Colleción
he sh	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PL. 4:30 Hour one 123 3 19 67 While Not While 15 for	ACE OF INJURY (Home, form, tory, street, office bldg., etc.) 20f. (City or town) (County) (Stote)
L EXAM ecute th Page 4 ar yaur R: Page II, cremar	p.m. 12) If of work 1 of work 1	- wayside Charles Md.
execute execute or. Page d far yar York: Page rial, cren	21. I certify that I tack sharpe of the remains described obave	
se exercitor. Pined farmed farmed farmed farmed burial,	death resulted from Actival causes , Accident , Sui	
Mkori please director retainer DIREC	ACTUAL AT College	CHIEF MEDICAL EXAMINER 22. DATE SIGNED
0, 2, 5	SIGNATURE CHECK	M.D. ASSISTANT MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY D
DEPUTY MEUTAL E Scessary, please exect e funeral director. Po may be retained far FUNERAL DIRECTOR:	EXAMINER'S NAME (Type)	Address (Street, city, town, or county)
ro DEPUTY necessary, the funeral 5 may be ro FUNERAL Health prio	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	
525-1	Burial 12-7-67 Mt. Olivet	
VR ATSME (S	24. FUNERAL DIRECTOR ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
6M 1/67	Lee Funeral Home Washington, D	.C. DEC 8 1967 Clearles Judge

Two for 1 certificate Film #G397 1/25/68 ph

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 16881 death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) . PLACE OF DEATH o. COUNTY o. STATE b. COUNTY MARYLAND requires that the death certificate be executed within 24 haurs after c. LENGTH OF STAY IN 16 b. CITY-OR TOWN (If outside corporate limits, c. CITY OR TOWN outside corporate limits, write RURAL and give nearest town) URAL and give nearest town d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) ON A FARM URAL NO 3. NAME OF 4. DATE Month and completely DECEASED DEATH (Type or print) SEX COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years (ust hirthdoy) Months Dovs Hours DIVORCED WIDOWED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done State, or foreign country) during most of working life, even if retired) NUTETRY pleose Vmen 14. MOTHER'S MAIDEN NAM 13. FATHER'S NAMI (Yes, 10, 8r unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. INFORMANT Address INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per lipe for (a), (b) buriol-tronsit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse priar to TO FUNERAL DIRECTOR: After this certificate has been as the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? NO YES jo 205, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING the hospitol OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While ot work 21. I certify that (I) (this hospital), attended the deceased fram. be retained ond that death occurred at. M. from causes and on the dote stoted obove saw the deceosed physic 22b. DATE SIGNED 22o. SIGNATURE **ATTENDING** DIRECTOR M.D. PHYS. PHYS 22d. ADBRESS 22c. PHYSICIAN'S director, po NAME (Type) ano 23 NAME OF CEMETERY OR CREMATORY 23d_LOCATION (City or Town) (County) (Stote) 23a BURIAL CREMATION BURIAL, CKEMAN 23b. DATE THEREOF Zna 2Sb. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR DEC 20 M 1/66

	and the Property Control of